

July 1996

Clinical Center News

In this issue:

- NIH award recipients
- Who gets headaches?
- PHS honors pharmacist

More efficient procedures goal of demo project

Dr. John Gallin, CC director, gave the go-ahead in May to the Office of Human Resources Management to start a process that will create simpler, fairer, and more efficient personnel systems.

"Because of the nature of what we do here, our personnel needs are unique," explains Dr. Gallin. "Having to conform to regulations created for other agencies often hampers our efforts. As a demonstration project, we can test new ways of handling personnel issues that would make it easier to get our work accomplished."

In a memo to all CC staff last

month, Dr. Gallin emphasizes that this exercise would focus on streamlining procedures that have long been of concern to staff and managers:

- Compensation (how we pay employees);
- Staffing and recruitment (how we fill positions and retain staff); and
- Employee relations (how we recognize good work and improve performance).

Dr. Gallin has appointed a Demonstration Project Advisory Committee (DAC) to spearhead the process of becoming a DEMO—demonstration—project.

Representatives from a cross section of CC departments as well as NIH and HHS make up the membership. Staff from the Office of Human Resources Management (OHRM) will provide technical assistance.

"Our committee must create a proposal and obtain approval from the Office of Personnel Management before we can be designated as a DEMO project," explains Tom Reed, OHRM chief and DAC coordinator.

"The key to a successful DEMO project is making sure we have a free-

Continued on page two



On the road

Clinical Center representatives will travel to major national conventions in coming months to talk with the public, physicians, and other health-care professionals about patient recruitment for clinical studies.

The exhibit, developed by CC Communications, will go to the NAACP National Conference in Charlotte, July 5-9; the National Conference of La Raza in Denver, July 14-17; the National Medical Association annual conference in Chicago, July 26-30; the American Hospital Association in Philadelphia, Aug. 5-6; the National Urban League Conference in New Orleans, Aug. 10-14; the National Coalition of Hispanic Health and Human Services Organizations in Santa Fe, Sept. 9-12; the Society for the Advancement of Chicanos and Native Americans in Science in Los Angeles, Oct. 24-27; the American Military Surgeons Conference in San Antonio, Nov. 10-15; and the American Public Health Association in New York City, Nov. 17-20. Looking over the display are Linda Wyatt and Sadat Ali, Diagnostic Radiology Department.

... project targets inefficient ways of doing personnel business

Continued from page one

flow of information.”

Before submitting a proposal, the DAC plans to seek staff input in a variety of ways. Both an email and website address have been set up. A DEMO project comment box will be located near the B1 cafeteria. Over the next six months, there will be town meetings and presentations to review specific aspects of the proposal. Periodic information bulletins will go to all CC staff to

keep everyone up to date on the project's progress.

“Once our proposal is approved, our DEMO project will last five years,” says Reed. “After that, we can apply for extensions or request that certain aspects of the project become permanent.”

There are some laws and regulations that cannot be altered, Reed explains, such as those affecting leave, benefits, merit principles, EEO, or political activities.

“Finding simpler, more efficient ways to conduct our business will serve to enhance the quality of our patient care and clinical research,” Dr. Gallin says. “The DEMO project is a way for all of us to achieve these goals.”

To reach the DAC via the website, open the location <http://ohrm.cc.nih.gov/demo.html>. Send email comments to DEMO-CC@ohrm.cc.nih.gov.

—by Jan Lipkin

query

The CC has initiated a demonstration project to devise and test more responsive personnel systems. (*See story on page one.*) The committee needs ideas from all CC employees. Send email to Demo-CC@ohrm.cc.nih.gov or drop a note into the comment box to be located near the B1 cafeteria.

The project committee will look at how we are paid, fill positions and retain staff, recognize good work, and improve performance, for example. Which of these areas are most important to you? Would you like to see the committee address other issues?



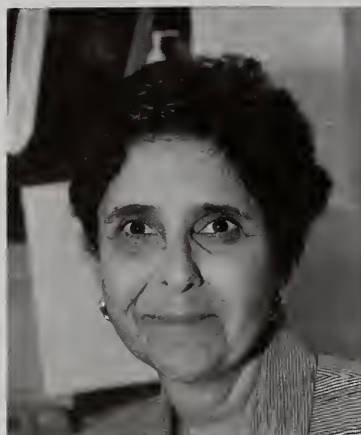
Tom Lionetti
Nursing Department

“Job security and staff retention are important issues. Can we ever go back to being sure that our jobs will be around for awhile? I like where I am and what I do.”



Stacy Thomas
Nutrition Department

“Training is important to me. I’d like to see it easier to obtain training. Also, performance ratings. Sometimes they seem unfair, although the process has gotten better with reinvention efforts.”



Margo Aron
Social Work Department

“All those issues are important. I’d like to see continuing changes in how we recruit and hire people. This is very important in getting people with the appropriate training and skills. We need more flexibility to quickly hire experienced experts. A career ladder would make us more competitive.”



Francis Waterhouse
Clinical Pathology Department

“I’d like to see emphasis on improving performance and recognizing good work. It is important for morale with reorganization of the Clinical Center. It would also be nice for the CC to give staff a chance to take more classes, to keep us involved in our own improvement so we don’t become stagnant and our skills extinct.”

Clinical Center
News

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Special delivery

Fifth graders from Farmland Elementary in Rockville brought their original opera, "Chat Room Virus," to the 14th floor assembly hall stage last month in a special presentation for CC pediatric patients. The students, dubbed La Clevique Kids Opera Company, wrote, composed and sang, as well as handled all phases of the production.

briefs

Doppman named

Dr. John Doppman, a 34-year veteran of the Clinical Center, has been named acting chief of the Diagnostic Radiology Department.

Dr. Andy Dwyer, who had been the department's acting chief for the past two years, will assume duties as acting deputy chief.

"I would like to thank Dr. Dwyer for his dedication and leadership in this role and for true 'yeoman's duty' in leading the radiology department through a time of turmoil and change," said Dr. John Gallin, CC director.

Research seminar set for nurses

Nurses from throughout the U.S. will gather at the Clinical Center July 22-26 to participate in the seminar, Research Training: Developing Nurse Scientists.

The program, sponsored by the CC Nursing Department and the National Institute of Nursing Research, is designed for nurses with doctorates or doctoral candidates interested in careers as nurse

scientists. The seminar will cover NIH resources, developing a research program, grant writing, ethical issues, and disseminating research findings.

Help offered in CC clean up

The CC's clean-up campaign continues this month under the theme "Be considerate." Need help in planning and completing department clean-up projects? Want to report an area that needs attention? Send an email to cc_clean@pop.cc.nih.gov.

New decision on restored leave

Did the furlough leave you with more leave than you can use? HHS has OK'd a plan so that annual leave restored as a result of the Dec. 18, 1995-Jan. 6, 1996, furlough can be donated to federal employees approved as leave recipients in the Voluntary Leave Transfer Program.

The department waives for this use only its requirement that all current accrued leave be exhausted before using the restored leave,

explains Warren Moyer, CC management analyst.

Contact CCC for help in patient ed

CC staff who would like to inform patients about protocols, procedures, medications, and unit policies can contact Clinical Center Communications for expert help in creating publications to meet those informational and educational needs. Call Wendy Schubert at 594-5792 for details.

Leave the driving to someone else

Want to earn \$44 a month? Consider Transhare, a program that offers a subsidy to staffers who opt for public or van-pool transportation. It's an option for employees willing to surrender any NIH parking permits, off-campus parking access cards, and sticker numbers.

NIH will throw in free parking for commuters from the Shady Grove or New Carrollton metro stations.

For details, call 402-RIDE.



Jean Harris



Carol Romano



(From left) Jon McKeeby, Jennifer Bayless, Karen Phillips, and Kimberley Jarema.

CC staffers receive NIH Director's Awards

Dr. Harold Varmus, NIH director, presented top NIH and PHS awards to six CC staffers in ceremonies last month. NIH Director's Awards went to Jean M. Harris, Nursing Department nurse specialist in quality assurance, and to a Medical Record Department administrative group. Cdr. Carol A. Romano, director of Nursing Department's clinical systems and research support, received the PHS Commissioned Corps' Meritorious Service Medal.

Harris was cited for her "exceptional initiative and leadership, with impact on quality management in coordinating accreditation review in the Clinical Center and the workforce diversity program."

A group award went to Jennifer Bayless, deputy director of the Medical Record Department; Kimberley J. Jarema and Karen K. Phillips, medical record administration specialists; and Jon W. McKeeby, computer specialist. The award recognized their "outstanding administrative support in the development and expansion of intramural research protocol data management services."

Romano's medal recognized her "contributions to the PHS toward improving the quality and efficiency of management and delivery of health-care services through creative use of information technology."

PHS Commendation Medals

went to Cdr. Mary Andrich, Cdr. Jennifer Bayless, Lcdr. Maureen Farley, Lcdr. Maureen Gormley, Cdr. McDonald Horne, Cdr. Katherine Matrakas, and Lt. Karen Vorsteg.

Earning PHS Unit

Commendations were Cdr. Sara L. Bergerson, Cdr. Denise B. Ford, Lt. Melissa A. Zafonte, Cdr. Naomi Ballard, Lcdr. Laura Chisholm, Lcdr. Florentino Merced-Galindez, Lcdr. Jeanne Odom, Lt. Kathy Dilorenzo, Lt. Linda Ludy, Lt. Michelle Manimbo, Ltjg. Rose McConnell, Lt.

Susan Orsega, Ltjg. Helen Owens, Lt. Karen Vorsteg, Lt. Keysha Ross, Cdr. Maureen S. Leser, Capt. Patti A. Riggs, Ltjg. Kelly M. Stevens, Lcdr. Jean R. King, and Cdr. Nancy G. Sebring.

Clarence W. Jackson, Jr., supervisory procurement analyst, office of procurement management, NIH Office of the Director, earned a Director's Award "in recognition of outstanding contributions to the Clinical Center's small purchasing operations."



Koop award recipient

Laura Chisholm received the C. Everett Koop Award as the PHS reserve junior officer of the year. Making the presentation were Dick Zimmerman, vice president-Navy section, Reserve Officers Association, and Acting Surgeon General Audrey Manley. Chisholm, nurse manager on 10 West, an outpatient cancer care clinic, served five months as interim chief for the former cancer nursing service.

Headaches after lumbar punctures—why?

Who develops headaches after a lumbar puncture and why do they get them? Those were the questions a team of CC nurses asked in a recently completed clinical study.

It's important to know because "cerebrospinal fluid is like liquid gold in a research hospital because of the information it provides," points out Christopher Geyer, principal investigator for the study that looked at physical and mental factors common among patients developing headaches after the procedure. He and the research team work on 3B North, a unit for NIAAA patients.

Lumbar punctures are one of the most frequently performed procedures required in alcohol-dependency studies because they offer a way to determine how the brain's chemical neurotransmitters work. But, as many as 60 percent of patients who undergo the procedure develop headaches.

"The headaches cause significant discomfort for the patients, and can also mean longer hospital stays and delays in diagnostic and research studies while the pain is being treated," he says.

After following 212 patients between 1992 and 1995, the research team found that certain traits do relate to the headaches, including:

- Age. Younger patients were more at risk for developing the headaches.
- Body mass. Patients who had a smaller body mass were more likely to develop a headache.
- Gender. This study found that gender was not a factor in predicting who would get headaches.
- Mood and anxiety. "Patients who rated themselves as less anxious actually were shown to have the higher incidence of headaches," Geyer says.

That may be unique to the unit's population, he points out. "Many of the patients in our protocol were adult alcoholics with alcoholic parents. Their motto is 'don't rock the boat.' It may be that they can't

put their feelings into words."

Determining before the procedure the physical and psychological aspects that seem to be common in patients who develop the headaches allows the health-care team to begin assessment and treatment early, which could minimize chances of getting headaches in some patients and perhaps stemming them altogether in others.

"In explaining the procedure to patients, we unwittingly set them up to anticipate headaches," Geyer says.

One traditional theory of why so many patients develop the headaches has been the "leakage theory," he adds.

That's when the cerebrospinal fluid continues to leak from the needle puncture. The leakage causes the brain to shift down slightly and that leads to the pain.

A common treatment for the headache has been to stop the leak with an epidural blood patch. "A small amount of the patient's blood is inserted into the puncture point in the spine, which then clots and, in theory, stops the leakage."

Bed rest following the lumbar puncture has been a standard of care designed to prevent the headaches.

"But, all bed rest seems to accomplish is to postpone the

headache," Geyer notes.

The next phase of the study will examine the role of patient mood, bed rest, and the interaction of certain brain chemicals. "Low levels of the neurotransmitter serotonin are associated with alcohol dependency because it plays a role in impulse control and craving," he says. "Low levels of serotonin may alter levels of substance P, a neuropeptide found in plasma and spinal fluid that relates to sensitivity to pain.

Determining how these chemical factors relate to developing the headaches could lead to a simple blood test to identify who is at risk.

Working with Geyer on the project were CC nurses Nancy Harnett, Susan Squires, Ruth Auslander, Ann Turk, Barbara Bowens, Marie Vangeyten, Mary Anne Hannaman, and Beth Price, along with Dr. David T. George, NIAAA.

Geyer, who received Nursing Department's research award in ceremonies last month, has presented the study's findings at local, national, and international nursing conferences.

—by Sara Byars

Lumbar puncture—What is it?

Physicians use a procedure called a lumbar puncture to draw samples of cerebrospinal fluid. After a local anesthetic, a small needle is inserted through the lower back, between spinal disks, and into the interior of the spine called the epidural space. The epidural space serves as pipeline for the cerebrospinal fluid, the body's only fluid that carries neurotransmitters throughout the spinal cord and brain. The fluid constantly bathes and protects the brain and the body can generate between 20 and 24 cc of new fluid an hour.

The lumbar puncture is an important diagnostic test, allowing physicians to check for infections and measure levels of glucose, protein, and neurotransmitters such as serotonin and dopamine. Some patients develop severe headaches after undergoing the procedure.



Nursing staffer recalls CC milestones and landmarks

Margaret Blake measures her 30 years, six months, and 14 days at the Clinical Center in milestones.

"I've seen all the additions. Each new development meant a major change," says the Nursing Department administrative officer who retired this spring. "And I've worked with six nursing chiefs."

"Way back when, workers were closely supervised. Now, there's more independence. I've appreciated that."

A landmark from way back when is a casualty of progress she'd like to see returned. "The pools out front. Some patients believed that the water healed them. When the pools are back, this will truly feel like the Clinical Center again."

A Charleston, S.C., native, Blake came to Washington for a visit and never left.

Landing a job at the Clinical Center, she worked briefly in food service and then spent 18 years as a nursing assistant on the psychiatric nursing service. Moving to the administrative arena, Blake worked as a time keeper, computer assistant, and administrative assistant before assuming her position as AO.

"I have always looked for ways to move up. I went back to school. I got an A.A. degree and just kept going. I ended up with a B.S. in business administration."

Credit son John—who earned a degree in computer science—for that. "I knew I wanted him to go to college and told him he was going if I had to sit there and hold his hand," she recalls, laughing.

Blake plans to devote some of her retirement time to continue a much-



Nursing Department administrative officer Margaret Blake has retired after more than 30 years at the Clinical Center

loved hobby, traveling.

"I've been to Hawaii, Mexico, and the Bahamas. In November, I'll go to Australia. That's my big trip."

Change is the constant in 40-year career



Nursing Department staffer James Browne received a Redskins send-off at his retirement earlier this year.

James Browne quotes baseball great Satchel Paige when describing his philosophy of life: "Don't walk in front of me. I may not follow. Don't walk behind. I may not lead. Walk beside me and be my friend."

Browne walked the Clinical Center's tangle of hallways for nearly 40 years before retiring, gathering friends with each step.

"I've seen all the changes," says Browne, an audiovisual specialist in the Nursing Department since the early 1970s. "The building is nice and bright today. It used to be hospital green throughout."

But there's one bottom line he says has never wavered. "Patient care has always been good here. And so have our supervisors."

Browne, a Washington native and Navy veteran, first came to the Clinical Center in 1957 to work in the operating room. Moving to Nursing Department's education and training section 16 years later, the gregarious Browne found a niche that suited him

well. "There's no AV equipment I can't operate," he says, laughing. "Staff members always called on me to help."

And help has been a two-way street. "I truly thank the staff members who helped me when I've had health problems. Members of the Nursing Department feel like part of my family."

Department members hosted a retirement party for Browne that highlighted his affection for the Redskins. "I've been a football fan since I was six years old." Co-workers' gifts included scads of Redskins memorabilia, a letter from the team coach, an autographed football, and photographs of team members.

"I'm not gonna do anything," may be what Browne claims as his retirement plans, but don't count on it. There're grandchildren to visit. And, he hopes to do volunteer work here. "I always enjoyed my work at the Clinical Center. Helping others."

Critical care pharmacist takes top honor

A Clinical Center staffer has been named PHS Clinical Pharmacist of the Year for 1996.

Dr. Gregory M. Susla, a clinical pharmacy specialist in critical care, earned the award "for contributions to the care of the critically ill patient and efforts in training other pharmacy practitioners." It was presented during the PHS Commissioned Officers Association meeting in Oklahoma in May.

"The role of the pharmacist in the critical care setting is to fine-tune the dosages of routinely given and investigational drugs to optimize the drug therapies," Dr. Susla explains.

"Our patients are primarily the critically immunosuppressed, those with cancer, undergoing bone marrow transplant, those with HIV and AIDS, and other diseases such as chronic granulomatous disease," he says. Organ damage is often a complication of their illness or therapies for it, so the degree of organ dysfunction also has to be factored in when determining the most effective dosages.

"Critical care is an exciting environment," Dr. Susla says. "We are able to see the effects of the therapies almost immediately. Patients change from minute to minute, and the health-care team has



Dr. Gregory Susla (second from left) was named PHS Clinical Pharmacist of the Year in recent ceremonies. Making the presentation are Dr. Audrey Manley, acting surgeon general; Dr. Richard J. Bertin of the FDA and former PHS chief pharmacy officer; and Gordon Johnston of the FDA and chairman of the pharmacy professional advisory committee, Office of the Surgeon General.

to think and react quickly."

Dr. Susla also provides inservice lectures for staff fellows in critical care medicine and continuing education programs for the Pharmacy Department. He supervises pharmacy residents who rotate through the Clinical Center, and lectures at area hospitals.

Dr. Susla's current research studies include a protocol to evaluate the effectiveness of two neuromuscular blockers to help pediatric patients on ventilators.

Another is designed to define the best dosing intervals for aminoglycosine antibiotics used to treat gram-negative infections.

Dr. Susla earned the B.S. degree at the University of Connecticut and the Doctorate of Pharmacy degree from the University of Florida. He also completed a critical care pharmacy residency at Ohio State University. He joined the CC staff as a clinical pharmacy specialist in 1988.



Renovation

Pharmacy Department's ambulatory pharmacy section on the first floor near the main elevators had a top-to-bottom renovation recently that offers a comfortable and spacious waiting area for patients and efficient work space for staff. Three windows are now available for dispensing medications. Behind the scenes, staff work in a galley-type preparation section that puts ordering and storage areas in easy reach.

Drawing a winner

Andreis Lewis (second from left) picked a winner, winner of a 28-foot Pearson sailboat, that is. Jerry Swift (left) of Bethesda soon will be hoisting the sails on the boat valued at \$19,000. He held the winning ticket in a raffle that benefits the Friends of the Clinical Center, a program that helps CC patients and families with personal emergency financial needs while they participate in medical research here. With them are Meredith Estep of the R&W and Jerry King, Medical Record Department chief and FOCC president.



Security issues on the forefront of NIH concerns

Security issues have remained in the forefront for federal workers since last year's bombing of the Alfred P. Murrah Federal Building in Oklahoma City.

That tragedy prompted a presidential mandate that all federal agencies scrutinize their security measures to assure compliance with the Justice Department's new government-wide standards.

At NIH, the Office of Research Services, Division of Public Safety, performed that review. Their primary

recommendations are:

- Require employees and contractors to obtain and wear identification badges while in NIH facilities.
- Ensure that ID badges, card keys, metal keys, and parking permits are returned when an employee leaves NIH employment.
- Secure moveable, theft-prone equipment such as computers with cables or other devices.
- Establish building security advisory committees, which would

include building occupants, to review specific security needs and make recommendations.

"Employees and contractors who work in the Clinical Center should always wear their identification badges while at work," explains Walter L. Jones, CC deputy director for management and operations. "We are also organizing an advisory committee on security for the Clinical Center." Details on the committee's makeup and mission will be announced soon.

july

3 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Bench to Bedside:
Immunocompetence and T cell
Regeneration: Pathways,
Problems, and Prospects for
Therapy, Ronald Gress, M.D.
(benchwork), and Crystal
Mackall, M.D. (bedside
implementation), NCI

10 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Epstein-Barr Virus and the
Immune System: Hide and
Seek, Jeffrey Cohen, M.D.,
NIAID; *Prevention of AIDS-*
Related Opportunistic
Infections, Henry Masur,
M.D., CC

17 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Bench to Bedside: Recent
Advances in
Hypoparathyroidism:
Molecular Mechanisms and
New Approaches to Treatment,
Jeffrey Baron, M.D.
(benchwork) and Karen Winer,
M.D. (bedside
implementation), NICHD

24 **Grand Rounds**
noon-1 p.m.
Lipsett Amphitheater
Bringing Graft-Versus-
Leukemia to the Bedside After
Bone Marrow
Transplantation, John Barrett,
M.D., NHLBI;
Onchocerciasis (River
Blindness): An Ancient
Scourge with Prospects for
Elimination, Thomas Nutman,
M.D., NIAID

31 **Clinical Staff Conference**
noon-1:30 p.m.
Lipsett Amphitheater
Renal Diseases in African-
Americans, Jeffrey Kopp, M.D.,
NIDDK, moderator